2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90050 001 ***150.00
01-26-2007 90050 002 *****8.75

DOCUMENT # F45433

1. Entity Name
ANCIENT CITY REALTY, INC.

Principal Place of Business
1101 PINELLAS BAY WAY
403
SAINT PETERSBURG FL 33715

Mailing Address
PO BOX 66326
SAINT PETERSBURG FL 33736
US

2. Principal Place of Business - No P O Box #: 1101 Pinellas Bay WAY
Suite, Apt. #, etc.: 403
City & State: ST. Petersburg FL.
Zip: 33715 Country: USA

3. Mailing Address: P.O. Box 66326
Suite, Apt. #, etc.: ST. PeTe Bch.
City & State: F/A.
Zip: 33736 Country: USA.

1st MOORE CR2E034 (10/06)

4. FEI Number: 59-2149535 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RAYMOND C
1101 PINELLAS BAY WAY
403
SAINT PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Raymond C. Clark, President [signature] 1/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK, RAYMOND C 1101 PINELLAS BAY WAY, #403 SAINT PETERSBURG FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], President Raymond C. Clark, Pres. 1-21-07 727-865-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #